

HOWARD A. SLAVITT (State Bar # 172840)
COBLENTZ, PATCH, DUFFY & BASS, LLP
One Ferry Building, Suite 200
San Francisco, California 94111-4213
Telephone: (415) 391-4800
Facsimile: (415) 989-1663
E-mail: has@cpdb.com

MICHAEL A. ALBERT (admitted pro hac vice)
MICHAEL N. RADER (admitted pro hac vice)
CHARLES T. STEENBURG (admitted pro hac vice)
WOLF, GREENFIELD & SACKS, P.C.
600 Atlantic Avenue
Boston, MA 02210-2206
Telephone: (617) 646-8000
Facsimile: (617) 646-8646
E-mail: malbert@wolfgreenfield.com
mrader@wolfgreenfield.com
csteenburger@wolfgreenfield.com

Attorneys for Defendant biolitec, Inc.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

TYCO HEALTHCARE GROUP LP d/b/a
VNUS MEDICAL TECHNOLOGIES

Plaintiff,

vs.

BIOLITEC, INC., DORNIER MEDTECH
AMERICA, INC., and NEW STAR
LASERS, INC. d/b/a COOLTOUCH, INC.

Defendants.

Case No. C08-03129 MMC

**[PROPOSED] AMENDMENT TO
BIOLITEC, INC.'S INVALIDITY
CONTENTIONS**

TYCO HEALTHCARE GROUP LP d/b/a
VNUS MEDICAL TECHNOLOGIES

Plaintiff,

vs.

TOTAL VEIN SOLUTIONS, LLC. d/b/a
TOTAL VEIN SYSTEMS,

Defendants.

Case No. C08-04234 MMC
(consolidated with Case No. C08-03129 MMC)

**[PROPOSED] AMENDMENT TO
BIOLITEC, INC.'S INVALIDITY
CONTENTIONS – CASE NO. C08-3129
MMC**

Defendant biolitec, Inc. (“biolitec”) served its Invalidity Contentions pursuant to Patent Local Rule 3-3 on March 13, 2009. biolitec has recently learned of additional material prior art, which was not known to biolitec as of March 13, 2009 despite diligent searching. biolitec therefore amends its Invalidity Contentions so as to include the following additional information:

I. IDENTIFICATION OF PRIOR ART – PATENT LOCAL RULE 3-3(a)

A. Prior Art Patents and Printed Publications

The table attached as Supplemental Exhibit A identifies prior art that (1) is applicable to the asserted patent claims and (2) was not known to biolitec at the time of its March 13, 2009 Invalidity Contentions.

II. WHETHER THE PRIOR ART ANTICIPATES OR RENDERS OBVIOUS – PATENT LOCAL RULE 3-3(b)

The additional prior art references being added to biolitec’s Invalidity Contentions disclose the use of tumescent anesthesia technique for venous procedures and therefore qualify as “Category B” references as defined in Section II of biolitec’s Invalidity Contentions as originally served (“Combining Endovenous Procedures with Tumescent Anesthesia”).

It would have been obvious to incorporate the use of tumescent anesthesia as disclosed in these additional Category B references when performing the varicose vein treatment procedures disclosed in the “Category A” references as defined in Section II of biolitec’s Invalidity Contentions as originally served. The additional category B prior art describes many advantages of using tumescent anesthesia for varicose vein surgery. For example, tumescent anesthesia was known to reduce perioperative bleeding. E.g., Mercier (**115**); Mercier (**116**). It was also known to reduce postoperative bruising and pain. E.g., Mercier (**115**); Mercier (**116**). Tumescent anesthesia was also known to permit even truncal varicose vein treatments to be performed on an outpatient basis. E.g., Mercier (**116**), Sattler (**118**). It was also known to be an extremely safe

1 anesthetic technique. E.g., Sagoo (119). Sattler (117) indeed taught that the application of
2 tumescent anesthesia to varicose vein treatment included, but “extend[ed] beyond,” vein
3 stripping.

4
5 Given the known advantages of tumescent anesthesia for varicose vein surgery, a person
6 of ordinary skill in the art would have been motivated to use the technique when performing the
7 endovenous procedures disclosed in the Category A references.

8
9 When combined with the endovenous procedures disclosed in Category A, the tumescent
10 anesthesia protocols disclosed in Category B would necessarily cause the tissue surrounding the
11 vein to swell and become tumescent, thus compressing and exsanguinating the veins being
12 treated. For example, Mercier (115) discloses infiltrating 500-600 mL of fluid and notes that the
13 tumescent anesthesia technique was associated with much less perioperative bleeding than
14 alternatives. Mercier (116) discloses using up to 900 mL and notes that “compression” is one of
15 the reasons for the reduced blood loss. Sagoo (119) discloses infiltrating up to 1000 mL.

16
17 The known compressive effect of tumescent anesthesia is an independent reason why it
18 would have been obvious to incorporate tumescent anesthesia from Category B when performing
19 the endovenous procedures disclosed in Category A. Indeed, it was known that “large volumes of
20 fluid” make tissues “swollen and firm (‘tumescent’), resulting in a considerable compression of
21 the vascular structures.” Samdal et al, *Blood Loss During Liposuction Using the Tumescent*
22 *Technique*, Aesth. Plast Surg. 18:157-160 (1994) (BIO098574).

23
24 ‘084 claims 1-2 and 18-21, ‘803 claims 1-2 and 7, and ‘355 claims 1-2, 7, 12, and 21-25
25 are therefore invalid as obvious over the previously-identified category A references in light of
26 the newly-identified category B references for the same reasons that those claims are obvious
over the category A references in light of the previously-identified category B references.

Representative examples (i.e., concerning specific category A references) were provided in Part II.A.1 of biolitec's Invalidity Contentions as originally served.

'433 claims 1 and 10 and '970 claims 1-3, 8-9, 13, 15, 17, and 19-20 are likewise invalid as obvious over the previously-identified category C references (see Part II.A.2 of biolitec's original Invalidity Contentions) in light of the newly-identified category B references¹ for the same reasons that those claims are obvious over the category C references in light of the previously-identified category B references.

III. IDENTIFICATION OF LOCATION IN PRIOR ART WHERE ELEMENTS ARE FOUND – PATENT LOCAL RULE 3-3(c)

Subject to the qualifications noted elsewhere in these contentions, Supplemental Exhibits B and C are tables that indicate where in each newly-identified prior art reference the applicable limitations of the asserted claims may be disclosed.² Some references may include multiple disclosure of specific limitations. The charts are not intended to identify every instance in which a particular prior art reference may disclose a particular limitation. Rather, the charts are designed to identify sufficient language for VNUS to appreciate the content of the reference. In addition, while biolitec has identified the language in each reference that could encompass the identified limitation, it should be understood that the language identified will be construed based upon what it discloses to one of ordinary skill in the art, which may be influenced by the context of the entire document, background materials (including but not limited to the items identified in Exhibit D) and general knowledge.

¹ Newly-identified Category B references 115, 116, and 117 were publicly available before the claimed September 11, 1997 priority date of the '433 and '970 patents. As noted in biolitec's original contentions, moreover, biolitec does not concede that any of the asserted '433 and '970 claims are entitled to the September 11, 1997 priority date that VNUS asserts.

Dated: February __, 2010

By:

Michael N. Rader (*admitted pro hac vice*)
Charles T. Steenburg (*admitted pro hac vice*)
WOLF, GREENFIELD & SACKS, P.C.
600 Atlantic Avenue
Boston, MA 02210
(617) 646-8000/(617) 646-8646 (fax)
mrader@wolfgreenfield.com
csteenburg@wolfgreenfield.com

² For efficiency, certain claim limitations have been combined into a single invalidity chart. Depending on the date of priority to which each claim is ultimately found to be entitled, some references may be prior art to some claims of some patents, but not other claims of other patents.

SUPPLEMENTAL EXHIBIT A

INDEX OF PRIOR ART

Ref. No.	Article/Patent (including title, author, date etc.)	Production Number	Type of Reference for '084 Patent	Type of Reference for '803 Patent	Type of Reference for '355 Patent	Type of Reference for '433 Patent	Type of Reference for '970 Patent
115.	MERCIER, J.F., Tumescence Anesthesia for Stripping of the Greater Saphenous Vein by Invagination, Abstract presented at North American Society of Phlebology's 10 th Annual Congress (November 1996).	BIO098562	Claim 1 – 103 Claim 2 – 103 Claim 18 – 103 Claim 19 – 103 Claim 20 – 103 Claim 21 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103 Claim 12 – 103 Claim 21 – 103 Claim 22 – 103 Claim 23 – 103 Claim 24 – 103 Claim 25 – 103	Claim 1 – 103 Claim 10 – 103	Claim 1 – 103 Claim 2 – 103 Claim 3 – 103 Claim 8 – 103 Claim 9 – 103 Claim 13 – 103 Claim 15 – 103 Claim 17 – 103 Claim 19 – 103 Claim 20 – 103
116.	MERCIER, J.F., Tumescence Anesthesia for Stripping of the Greater Saphenous Vein, slides presented at North American Society of Phlebology's 10 th Annual Congress (November 1996).	BIO098504	Claim 1 – 103 Claim 2 – 103 Claim 18 – 103 Claim 19 – 103 Claim 20 – 103 Claim 21 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103 Claim 12 – 103 Claim 21 – 103 Claim 22 – 103 Claim 23 – 103 Claim 24 – 103 Claim 25 – 103	Claim 1 – 103 Claim 10 – 103	Claim 1 – 103 Claim 2 – 103 Claim 3 – 103 Claim 8 – 103 Claim 9 – 103 Claim 13 – 103 Claim 15 – 103 Claim 17 – 103 Claim 19 – 103 Claim 20 – 103
117.	SATTTLER, G., Tumescence Anesthesia, Hautazrt 48:504 (1997)	BIO098576	Claim 1 – 103 Claim 2 – 103 Claim 18 – 103 Claim 19 – 103 Claim 20 – 103 Claim 21 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103 Claim 12 – 103 Claim 21 – 103 Claim 22 – 103 Claim 23 – 103 Claim 24 – 103 Claim 25 – 103	Claim 1 – 103 Claim 10 – 103	Claim 1 – 103 Claim 2 – 103 Claim 3 – 103 Claim 8 – 103 Claim 9 – 103 Claim 13 – 103 Claim 15 – 103 Claim 17 – 103 Claim 19 – 103 Claim 20 – 103

Ref. No.	Article/Patent (including title, author, date etc.)	Production Number	Type of Reference for '084 Patent	Type of Reference for '803 Patent	Type of Reference for '355 Patent	Type of Reference for '433 Patent	Type of Reference for '970 Patent
118.	SATTLER, G, et al, The Importance of Tumescence Local Anesthesia in Outpatient Varices Surgery, Vasomed, 1997, p. 16	BIO098565	Claim 1 – 103 Claim 2 – 103 Claim 18 – 103 Claim 19 – 103 Claim 20 – 103 Claim 21 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103 Claim 12 – 103 Claim 21 – 103 Claim 22 – 103 Claim 23 – 103 Claim 24 – 103 Claim 25 – 103	Claim 1 – 103 Claim 10 – 103	Claim 1 – 103 Claim 2 – 103 Claim 3 – 103 Claim 8 – 103 Claim 9 – 103 Claim 13 – 103 Claim 15 – 103 Claim 17 – 103 Claim 19 – 103 Claim 20 – 103
119.	SAGOO, K.S., Safe Plasma Prilocaine Concentrations (PPC) After Tumescence Local Anesthesia (TLA) in Varices Surgery, Vasomed, 1997, p. 16	BIO098565	Claim 1 – 103 Claim 2 – 103 Claim 18 – 103 Claim 19 – 103 Claim 20 – 103 Claim 21 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103	Claim 1 – 103 Claim 2 – 103 Claim 7 – 103 Claim 12 – 103 Claim 21 – 103 Claim 22 – 103 Claim 23 – 103 Claim 24 – 103 Claim 25 – 103	Claim 1 – 103 Claim 10 – 103	Claim 1 – 103 Claim 2 – 103 Claim 3 – 103 Claim 8 – 103 Claim 9 – 103 Claim 13 – 103 Claim 15 – 103 Claim 17 – 103 Claim 19 – 103 Claim 20 – 103

SUPPLEMENTAL EXHIBIT B

INVALIDITY CLAIM CHART FOR VNUS' S '433, '803, AND '970 PATENTS¹

	'803 claim 1 A method of applying energy to a hollow anatomical structure comprising the steps of:	'803 claim 1 cont'd introducing a catheter having a working end into the hollow anatomical structure;	'803 claim 1 cont'd positioning the working end of the catheter at a treatment site within the hollow anatomical structure;	'803 claim 1 cont'd administering a fluid into the tissue near the treatment site to cause swelling and compress the hollow anatomical structure to a reduced size around the catheter; and	'803 claim 1 cont'd applying energy to the hollow anatomical structure at the treatment site from the working end of the catheter such that the hollow anatomical structure durably assumes a reduced size to effectively occlude the hollow anatomical structure;	'803 claim 2 The method of claim 1 further comprising the step of moving the working end of the catheter along the hollow anatomical structure during the step of applying energy.
	'433 claim 1 A method of applying energy to a vein to cause the vein to durably assume a reduced diameter, the method comprising the steps of:	'433 claim 1 cont'd introducing a catheter having a working end into a vein having an inner wall;		'433 claim 1 cont'd pre-shaping the vein such that the inner wall of the vein is brought toward the working end of the catheter so as to reduce the diameter of the vein;	'433 claim 1 cont'd applying energy from the working end of the catheter to the vein so as to cause the vein to durably assume a diameter at least as small as the reduced diameter achieved in the step of pre-shaping the inner wall of the vein toward the working end of the catheter;	'433 claim 1 cont'd moving the catheter along the vein during the step of applying energy.
	'970 claim 1 A method of treating venous insufficiency, the method comprising the steps of:	'970 claim 1 cont'd introducing an elongate member into a vein having an inner wall;		'970 claim 1 cont'd flattening the vein such that the inner wall of the vein is brought toward a distal region of the elongate member;	'970 claim 1, cont'd applying energy from the distal region of the elongate member to the vein to create a thermal effect in the vein so as to reduce the diameter of the vein and lead to occlusion of the vein;	'970 claim 1, cont'd retracting the elongate member along the vein during the step of applying energy.
	'970 claim 15 A method of treating venous insufficiency, the method comprising the steps of:	'970 claim 15 cont'd introducing an elongate member having an axis into a vein having an inner wall;		'970 claim 15 cont'd moving the inner wall of the vein toward the axis of the elongate member at a distal region of the elongate member; independently of the elongate member;	'970 claim 15 cont'd applying energy from the distal region of the elongate member to the vein to create a thermal effect in the vein so as to reduce the diameter of the vein and lead to occlusion of the vein;	'970 claim 15 cont'd retracting the elongate member along the vein during the step of applying energy to form an occlusion along the area of the vein where the elongate member is retracted during the step of applying energy.
115				Title: "Tumescent Anesthesia for Stripping of the Greater Saphenous Vein by Invagination" "For the [stripping] operation, the inner thigh and leg were infiltrated with 500 to 600 cc of the anesthetic solution....[C]ompared with conventional local or regional anesthesia for similar venous stripping procedures, tumescent anesthesia was associated with much less preoperative bleeding...." Title: "Tumescent Anesthesia for Stripping of the Greater Saphenous Vein" "Tumescent Anesthesia for GSV Stripping....600-900 CC of Formula (1 Leg)...Distension; Compression; Vasoconstriction -- [Reduced] Blood Loss" (BIO098515 and BIO098525). Title: "Tumescent Anesthesia" "Tumescent comes from the Latin and means to expand, inflate. Expanding or inflating tissue means to inject rather large amounts of liquid into a target area to pull apart tissue structures by an intergenically induced interstitial anesthetic effect....[T]he interstitial pressure will lift off tissue layers from each other with no further surgical measures....The resulting fields of application in the context of dermatological surgery and phlebology extend beyond vein stripping and paratibial fasciotomy...." Title: "The importance of tumescence local anesthesia in outpatient varices surgery"		
116						
117						
118						
119						

¹ For efficiency, certain claim limitations have been combined into a single invalidity chart.

Depending on the date of priority to which each claim is ultimately found to be entitled, some references may be prior art to some claims of some patents, but not other claims of other patents.

SUPPLEMENTAL EXHIBIT C

INVALIDITY CLAIM CHART FOR VNUS's '084 and '355 PATENTS

	'084 claim 1 A method of applying energy to a hollow anatomical structure from within the hollow portion of the structure, the method comprising the steps of:	'084 claim 1 cont'd introducing a catheter having a working end with an energy application device at the working end into the hollow anatomical structure;	'084 claim 1 cont'd positioning the working end of the catheter proximate a treatment site within the hollow anatomical structure;	'084 claim 1 cont'd injecting a tumescent fluid solution into selected tissue that is in contact with the treatment site to cause the tissue to become tumescent and compress the hollow anatomical structure at the treatment site to a compressed size; and	'084 claim 1 cont'd applying energy to the compressed hollow anatomical structure at the treatment site via the energy application device until the hollow anatomical structure dubly assumes a smaller size;		'084 patent claim 2 The method of claim 1 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.		
	'084 claim 18 A method of applying energy to an inner wall of a vein from within the vein along a treatment portion, the method comprising the steps of:	'084 claim 18 cont'd introducing a catheter having a working end with an energy application device at the working end into the treatment portion;		'084 claim 18 cont'd injecting a tumescent fluid solution into selected tissue outside the vein but in contact with the vein at the treatment site to cause the tissue to become tumescent and compress the vein at the treatment site to a compressed size;	'084 claim 18 cont'd applying energy to the compressed vein at the treatment site via the energy application device; and	'084 claim 18 cont'd withdrawing the catheter;	'084 patent claim 19 The method of claim 18 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.	'084 patent claim 20 The method of claim 18 further comprising the step of moving the energy application device along the treatment site while performing the step of applying energy so as to result in a lengthy occlusion of the treatment site.	'084 patent claim 21 The method of claim 18 wherein the step of moving the energy application device comprises moving the energy application device along the treatment site while performing the step of applying energy such that the vein collapses around the energy application device as it is being moved.
	'355 claim 1 A method of applying energy to a hollow anatomical structure comprising the steps of:	'355 claim 1 cont'd introducing an elongate member into the hollow anatomical structure;	'355 claim 1 cont'd positioning a distal end of the elongate member at or near a treatment site within the hollow anatomical structure;	'355 claim 1 cont'd administering fluid around the hollow anatomical structure at the treatment site to cause the wall of the hollow anatomical structure to move towards the distal end of the elongate member;	'355 claim 1 cont'd and applying energy to the hollow anatomical structure at the treatment site from the distal end of the elongate member.		'355 claim 12: The method of claim 1 wherein a sufficient volume of fluid is administered to cause the tissue surrounding the hollow anatomical structure at the treatment site to become tumescent. '355 claim 24: The method of claim 1, wherein administering fluid at the treatment site comprises administering tumescent fluid solution into tissue around the hollow anatomical structure and thereby compressing the hollow anatomical structure sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site. '355 claim 25: The method of claim 1, wherein administering fluid at the treatment site comprises administering fluid into the tissue surrounding the hollow anatomical structure to cause swelling and compress the hollow anatomical structure to a reduced size around the elongate member.	'355 claim 2 The method of claim 1, further comprising the step of moving the distal end of the elongate member along the hollow anatomical structure during the step of applying energy.	
115				Title: "Tumescent Anesthesia for Stripping of the Greater Saphenous Vein by Invagination" "For the [stripping] operation, the inner thigh and leg were infiltrated with 500 to 600 cc of the anesthetic solution.... Compared with conventional local or regional anesthesia for similar venous stripping procedures, tumescent anesthesia was associated with much less preoperative bleeding...."					
116				Title: "Tumescent Anesthesia for Stripping of the Greater Saphenous Vein" "Tumescent Anesthesia for GSV Stripping.... 600-900 CC of Formula (1 Leg)... Distal Constriction... Vasoconstriction -- [Reduced] Blood Loss" (BIO098515 and BIO098525).					

	'084 claim 1 A method of applying energy to a hollow anatomical structure from within the hollow portion of the structure, the method comprising the steps of:	'084 claim 1 cont'd introducing a catheter having a working end with an energy application device at the working end into the hollow anatomical structure;	'084 claim 1 cont'd positioning the working end of the catheter proximate a treatment site within the hollow anatomical structure;	'084 claim 1 cont'd injecting a tumescent fluid solution into selected tissue in contact with the treatment site to cause the tissue to become tumescent and compress the hollow anatomical structure at the treatment site to a compressed size; and	'084 claim 1 cont'd applying energy to the compressed hollow anatomical structure at the treatment site via the energy application device until the hollow anatomical structure doubly assumes a smaller size;	'084 claim 18 cont'd withdrawing the catheter;	'084 patent claim 2 The method of claim 1 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.				'084 patent claim 21 The method of claim 18 wherein the step of moving the energy application device comprises moving the energy application device along the step of applying energy so as to result in a lengthy occlusion of the treatment site.
	'084 claim 18 A method of applying energy to an inner wall of a vein from within the vein along a treatment portion, the method comprising the steps of:	'084 claim 18 cont'd introducing a catheter having a working end with an energy application device at the working end into the treatment portion;		'084 claim 18 cont'd injecting a tumescent fluid solution into selected tissue outside the vein but in contact with the vein at the treatment site to cause the tissue to become tumescent and compress the vein at the treatment site to a compressed size;	'084 claim 18 cont'd applying energy to the compressed vein at the treatment site via the energy application device; and		'084 patent claim 19 The method of claim 18 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.	'084 patent claim 20 The method of claim 18 further comprising the step of moving the energy application device along the treatment site while performing the step of applying energy so as to result in a lengthy occlusion of the treatment site.			
	'355 claim 1 A method of applying energy to a hollow anatomical structure comprising the steps of:	'355 claim 1 cont'd introducing an elongate member into the hollow anatomical structure; advancing the elongate member within the hollow anatomical structure;	'355 claim 1 cont'd positioning a distal end of the elongate member at or near a treatment site within the hollow anatomical structure;	'355 claim 1 cont'd administering fluid around the hollow anatomical structure at the treatment site to cause the wall of the hollow anatomical structure to move towards the distal end of the elongate member;	'355 claim 1 cont'd and applying energy to the hollow anatomical structure at the treatment site from the distal end of the elongate member.		'355 claim 12: The method of claim 1 wherein a sufficient volume of fluid is administered to cause the tissue surrounding the hollow anatomical structure at the treatment site to become tumescent. '355 claim 24: The method of claim 1, wherein administering fluid at the treatment site comprises administering tumescent fluid solution into tissue around the hollow anatomical structure and thereby compressing the hollow anatomical structure sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site. '355 claim 25: The method of claim 1, wherein administering fluid at the treatment site comprises administering fluid into the tissue surrounding the hollow anatomical structure to cause swelling and compress the hollow anatomical structure to a reduced size around the elongate member.	'355 claim 2 The method of claim 1, further comprising the step of moving the distal end of the elongate member along the hollow anatomical structure during the step of applying energy.			
117				Title: "Tumescent Anesthesia" "Tumesce comes from the Latin and means to expand, inflate. Expanding or inflating tissue means to inject rather large amounts of liquid into a target area, to pull apart tissue structures by an interstitially induced interstitial tension effect...[T]he interstitial pressure will lift off tissue layers from each other with no further surgical measures....The resulting fields of application in the context of dermatological surgery and phlebosurgery extend beyond vein stripping and paratibial fasciotomy...."							
118				Title: "The importance of tumescence local anesthesia in outpatient varices surgery" "Tumescent local anesthesia is a local numbing procedure in which large amounts of heavily diluted topical anesthetic are injected into the operating field...[A] total of 104 vein operations were performed in tumescence local anesthesia. The treatment outcomes of crosssectomies and stripping of the V. saphena magna and the V. saphena parva are presented."			Title: "The importance of tumescence local anesthesia in outpatient varices surgery" "Tumescent local anesthesia is a local numbing procedure in which large amounts of heavily diluted topical anesthetics are injected into the operating field...[A] total of 104 vein operations were performed in tumescence local anesthesia. The treatment outcomes of crosssectomies and stripping of the V. saphena magna and the V. saphena parva are presented."				

	'084 claim 1 A method of applying energy to a hollow anatomical structure from within the hollow portion of the structure; the method comprising the steps of:	'084 claim 1 cont'd introducing a catheter having a working end with an energy application device at the working end into the hollow anatomical structure;	'084 claim 1 cont'd positioning the working end of the catheter proximate a treatment site within the hollow anatomical structure;	'084 claim 1 cont'd injecting a tumescent fluid solution into selected tissue that is in contact with the treatment site to cause the tissue to become tumescent and compress the hollow anatomical structure at the treatment site to a compressed size; and	'084 claim 18 cont'd applying energy to the compressed hollow anatomical structure at the treatment site via the energy application device until the hollow anatomical structure doubly assumes a smaller size; and	'084 claim 18 cont'd applying energy to the compressed vein at the treatment site via the energy application device; and	'084 claim 18 cont'd withdrawing the catheter;	'084 patent claim 2 The method of claim 1 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.		
	'084 claim 18 A method of applying energy to an inner wall of a vein from within the vein along a treatment portion, the method comprising the steps of:	'084 claim 18 cont'd introducing a catheter having a working end with an energy application device at the working end into the treatment portion;		'084 claim 18 cont'd injecting a tumescent fluid solution into selected tissue outside the vein but in contact with the vein at the treatment site to cause the tissue to become tumescent and compress the vein at the treatment site to a compressed size;	'084 claim 18 cont'd applying energy to the compressed vein at the treatment site via the energy application device; and	'084 patent claim 19 The method of claim 18 wherein the step of injecting a tumescent fluid solution comprises the step of injecting enough tumescent fluid solution into the tissue such that the tumescent tissue compresses the treatment site sufficiently to exsanguinate blood from the hollow portion of the hollow anatomical structure at the treatment site.	'084 patent claim 20 The method of claim 18 further comprising the step of moving the energy application device along the treatment site while performing the step of applying energy so as to result in a lengthy occlusion of the treatment site.	'084 patent claim 21 The method of claim 18 wherein the step of moving the energy application device comprises moving the energy application device along the treatment site while performing the step of applying energy such that the vein collapses around the energy application device as it is being moved.		
	'355 claim 1 A method of applying energy to a hollow anatomical structure comprising the steps of:	'355 claim 1 cont'd introducing an elongate member into the hollow anatomical structure;	'355 claim 1 cont'd positioning a distal end of the elongate member at or near a treatment site within the hollow anatomical structure;	'355 claim 1 cont'd administering fluid around the hollow anatomical structure at the treatment site to cause the wall of the hollow anatomical structure to move towards the distal end of the elongate member;	'355 claim 1 cont'd and applying energy to the hollow anatomical structure at the treatment site from the distal end of the elongate member.	'355 claim 12: The method of claim 1 wherein a sufficient volume of fluid is administered to cause the tissue surrounding the hollow anatomical structure at the treatment site to become tumescent.	'355 claim 2 The method of claim 1, further comprising the step of moving the distal end of the elongate member along the hollow anatomical structure during the step of applying energy.			
119				Title "Safe plasma prilocaine concentrations (PPC) after tumescence local anesthesia (TLA) in varices surgery" "During TLA, large volumes of up to 1 liter or more of tumescence solution...are infiltrated subcutaneously along the veins being operated upon."						